"Not Tonight, Dear" - Never Again Be Too Tired Transcript

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Introduction and speaker background

Hi, everybody. Welcome back to another interview on our sexual dysfunction summit. I am so excited about our next speaker here, Dr. Jenny Tufenkian and I want to introduce her by telling a short little story about a fun night she and I had together in New Orleans.

We were at a conference, we were dressed up in costumes, and we went out and we had the most exciting talk about libido. And I really, really, really enjoyed it so much.

That followed up with Dr. Jenny wanted her to be on the summit because she's so passionate about this topic and has seen so much of this work in her practice.

So walk them to the summit, Dr. Jenny, and thank you so much for being here. Thank you so much for having me. It's really wonderful to be here having this chat with you today.

Same here. So I'm here. So let's introduce yourself. Let's let everybody know kind of who you are and how you really got into this work. We, you know, we talked off line about how much you work with chronic fatigue in your practice.

And so I've dabbled in a little bit about the links you've seen with some of these complicated chronic fatigue cases and how libido and sexual dysfunction oftentimes are tied into that.

So can you just kind of tell us a little bit about your history? Why you love talking about this, why this is such a passionate topic for you? Sure. Absolutely.

I think actually my understanding of the importance of sexual health goes way back to when I was five years old and my parents were actually teaching these human sexuality courses in this very conservative small town.

My dad was a minister of a church and they were doing these conversations with married couples. And I remember, of course, I had no clue what they were talking about, but there was something about that being in an understand and of how important that was as a child.

That and then it grew into something where I this may sound strange, but as a teenager I found some of the books that they were reading, that they were reading, and I read them and I read in a scientific manner, what is the female orgasm?

What happens when you have an orgasm? And for a teenager that wasn't sexually active yet, this is back in the day when, I mean, the sexual health classes were these very stiff nurses in their little hat saying, here's this big, huge blanket you need to stick on in your underwear when you have a period.

I mean, there was no there was no like, talk about female power and orgasm and stuff in those classes and I really that really allowed me, I believe, to have a healthier sexual life.

And then I started when I had chronic fatigue, I noticed that there are huge dips and valleys in that when I was going through my own healing crisis, and I had issues with fertility and all kinds of things.

So there were a lot of times when I was not able to access that part of myself. When I start, when I'm working with my patients and we're dealing with deep, complex, chronic illness and we're working through the layers of what they need to do in order to heal their bodies.

There comes a point when we're really talking about libido. Libido can be a great marker for how much energy you

have. So I ask it in every visit with my patients to see how their libido is so that we can see are they improving or are they not improving?

When we start getting to the layers where their energy is coming back and the libido still isn't, it's often because there's a deeper issue there. And the reason I'm so passionate about this is because I feel like we need to talk about it more.

You know, I really believe we need to talk about sex. We need to talk about when you talk about money, we need to talk about sex. And someday I hope we can talk about politics again.

We can learn from each other about how it is to be healthier and this very vital, important piece of life. Yeah. Thank you for that. It's something that I think we both talked soapbox like level on around why do we talk in functional medicine about testing and sleep and diet and all of these things?

And yet there's a fundamental component in our sex life that really is part of our vitality and part of our well-being that we're not talking about. So.

Right, I think you led us into a really good, you know, lead in kind of topic before we get into some of the deeper kind of conversations we're going to have around the mind, around the subconscious, have all these different things, self-esteem, all these different things that are really related to our sexuality.

So stay tuned for that, everybody. But before we get there, let's just set the stage and really define like what do you think normal libido is? How do people really understand?

Are are they normal? Are they not normal is something I hear come up so much for people with this topic. Yeah, I love that question and I'd be interested in what you think it is as well.

You know, if we want to have an actual conversation about this because my experience is it comes out of a story that I had when I was a clinician years and years ago, and Tori Hudson, our gun ecology teacher, she talked about a patient that came in and she kept complaining about having low libido, low libido, low libido.

What counts as normal libido

Finally, one of the student interns said, Well, what do you mean, low libido? And she said, Oh, well. I. I only want to have sex three times a day, but my boyfriend wants to have it six times a day.

So like. Which is this huge. Aha. To me as a medical student. Oh it's relative, it's relative to what you originally had. So when I'm talking with somebody with chronic illness, if they used to have a great strong libido and then they don't, that's a change and that's significant.

We need to talk about why if you've never had a libido and that's not an issue for you in your life, you put your energy elsewhere, then that's fine. That's normal for you.

Does that make sense? Like I really think there is no normal. Your normal is what it is, what it is for you and what it is that you want and need in your life to have a healthy, happy life.

Yeah, we, we share this in common, you know, it's like the the libido. There's not a low libido diagnosis. It's hypoactive sexual desire disorder. Right? It's like the medical diagnosis, right?

Hypoactive sexual desire disorder, technically. And that basically says that you have a low sexual desire for six months and then you get this label. And then in my mind, it brings us back to exactly what you said.

Well, like well, low compared to what? Right, right, right. Like even medically speaking, we're saying, well, it has to be low for six months, but it's not even defined as wide.

And so you and I share this like the kind of the definition of normal. Like the way I like to describe it is if you feel like like once you learn about like all the different things in life that a healthy sex life can bring to balance, you know, all these things we're talking about throughout the summit, energy and sleep and mental health and connection and relationships and more.

Right of you feel like you have a need for those things. If you feel like you're in relationship with somebody or yourself and you feel like your relationship to yourself or others could be improved with sexuality and with a sexuality, say, up leveling, right?

If any of those things are true, then you probably have a low libido. So that's kind of how I look at it. Yeah, I think that's brilliant. I think that's great.

I mean, I, I always comes to mind as the other second question I always ask people is, is this an issue for you in your relationship? Is whatever your libido is?

Because obviously it's great if you are in a committed long term relationship. It's great if the libidos are matched. Yeah, works a lot better be. Yeah, it's that.

It's very, very, very true. And I think that's where it comes in to that, that uniqueness. You know, it's an area where I think there's extreme uniqueness.

And for some people, normal might be, you know, and healthy might be once a day, twice a day. Right now there's another, you know, couple or another individual.

It might be once a month. Right. It can be so varied. I have a couple that are very, very, very happily married. They have sex like once or twice a year and they are both so happy with that.

That's perfect. They have a fantastic relationship. It's all they need. Well. Yeah, exactly. So we're we're totally on the same page with this. I love it. I love the.

Let's get some of the fun studies because you add that it's to me when we were talking about is if you do it we talk about a few different studies. I love I love reading these studies on sexuality, on on sex drive and sexual dysfunction because there's actually way more studies when we dove into the research on this topic than really are being talked about, which is totally amazing.

Right. So let's talk about the difference between women and men. I love the study that you brought up about women being turned on by just about everything.

So let me, you know, start in lead and by talking about that research. Yeah, absolutely. Yeah. There was some research done about a decade ago looking at how what women and men are turned on by.

And this woman, the researcher, played lots of different videos and had men and women, some gay, some straight, some trans transsexual, all different kinds of, you know, people in relationships, not relationship.

And she stuck these probes in all in all of them.

Research on arousal in women and men

So they put there is a probe up into the vagina to check for lubrication and also for increased swelling increase vascularization they had one on the penis for the for the males they had them hooked up to all these different machines and they had them watch the videos.

And while they were watching the videos, they were supposed to make comment or mark down when they felt aroused or when they felt attracted. And so it was so interesting because the that the men both straight and gay, were in alignment with their brains, were in alignment with their body, as in when they saw movies that they thought

made them horny.

They wrote it down. Yes, this makes me horny. And indeed that's what was happening with their body. And when they saw movies that they didn't find arousing, they said, No, I don't.

And that was exactly what it was. When it came to the women. It was like this complete disconnect between their brains and their bodies, because basically the women were turned on by everything like including like baboons are having sex.

I mean, like literally everything. These women were constantly turned on, but they didn't think they were. When they marked down the paper, they didn't think that they were that, you know, that that attracted by it, which I just find so fascinating.

Yeah. Yeah. Then that kind of brings us to like the conversation then that I think is a big conversation of our interview today around like, okay, so in this example, right, like what is going on with the mind, like how much does the mind play a role in our sex and our sexuality?

What is going on subconsciously? Where are we having subconscious triggers and turn on and turn off and all these different things? And you know, we can even start this conversation if you want by like going back to kind of like national Catholic principles, right?

Is like since you and I are both naturopathic doctors around, like, okay, this isn't just, you know, body, right? We're really talking in natural Catholic medicine like mind, body, spirit and these kind of pillars.

So do you want to kind of start maybe with explaining a little bit about how the mind and how the subconscious and how that pillar really is tied in with the concept of sexual dysfunction?

Yeah, sure. So as you said, in Catholic medicine, we were always taught there's the physical body, the mental emotional body, and then the spiritual energetic body.

And again, we're getting more and more science now showing that that is actually true, that there is this energy body that we have and how much that influences what happens in our life.

That's like energy being emitted out there and energy being emitted to ourselves. And so, yeah, we see huge shifts when people begin to shift that energetic body that we have a conscious mind and a subconscious mind.

The conscious mind is really only 5%. 5% of our thought is conscious, the rest is subconscious. And that subconscious mind is it's not just up here, it's actually in the body.

So we hold a lot of messaging. You know, we a lot of the somatic work has come out of this understanding that the body keeps the score, you know, those kinds of things, that there's information that we hold in our body from our experiences that can influence what we're thinking and how our brain is.

That subconscious mind is also connected to the vagus nerve through the limbic brain, which is our emotional brain that's always surveying for safety and danger.

And that that connection between the limbic brain, the subconscious mind and the vagus nerve has huge impact on what happens with our organs and our tissues.

You and I know this a lot from working with people with complex chronic disease that often that's a trigger and that's partly why they're stuck in this pattern of disease.

It can also happen with sexual dysfunction. You can have some sort of subconscious shut down physiologically and emotionally and energetically, disallowing the person to experience the joy and pleasure of wanting sex, engage in sex and having an orgasm.

Thank you. And let's let's go even deeper with that around like what happens because I think so much for women in particular, it really gets rooted in the mind around some of these like subconscious things are around like safety.

Mind, subconscious, and sexual dysfunction

Right is a big one so are there other and I and that's what I see safety in my work as being one of the primary kind of subconscious types of scenarios and this can be right like, you know, physical safety, right?

But it can also just be emotional safety, you know, mental. There can be different layers of safety. So from a subconscious standpoint, can we go deeper into like like safety and like how that should could show up in ways that that I think maybe, you know, women in particular in this topic are not as oriented. See?

Right. We're oriented to like, okay, somebody is like physically abusive, we're not safe. But that's what we're talking about, you know? And obviously that's like a problem, that problem and that needs to be resolved and and in a very safe and usually with the help of a lot of other people.

Right. But what areas of safety from a subconscious perspective maybe are people not thinking about that could be subconsciously impacting their mind and their sexuality?

And then besides safety, are there any other like like if we could put together, say, a, like a constructive like these are the top areas where these are the top safe frames like safety.

These are the top, say, ways that people are there are subconscious mind is driving them besides safety. Are there other types of like major words that people should be looking around fear like these are emotions I guess would be the better way of approaching that.

Right? Yeah. So there's a couple of things that come up when you ask that question. Yeah. When somebody has safety issues that that aren't like the sort of the ones you would initially go talk to, a couple of things come up.

One is one is a story about a patient who she had a huge trauma when she was young. And it wasn't a sexual trauma. It was a physical trauma. She felt and she hurt her tailbone really, really badly in that fall.

That fall was also layered in with the stress of what was happening in her family at that time. It wasn't an easy time for her family at that time. And that layered in, she's one of those people that was having sexual dysfunction.

And once we got through the layers of working with her chronic fatigue and getting her energy back up, she finally had the energy to begin to really look at this.

She had insomnia. She was in a beautiful relationship with somebody who was wonderful, emotionally responsive and everything, and she was not able to have proper sexual relationship, one that she wanted.

You know, in terms of your words, of her libido was low, she wanted more. And it was when she started, we did actual subconscious work to heal that injury, that inner child, and to become aware.

And when she did some pelvic work, she was able to come into her back into her body and start to feel safe. So her subconscious mind had linked this trump, this physical pain, along with the emotional dysfunction in the family at that moment, down into that center where, you know, her sexual power is and she was blocked from experiencing that.

So that was a subconscious form of I'm not safe, I'm not safe. I'm not safe down there. So every time she's down there and she's, you know, thinking about having sex or there's any kind of stimulation, it triggered that memory, that pathway to her little girl when she was little and hurt.

And so that's what was getting triggered. And once she became conscious of that, was able to work through it, then she could become her adult self and begin to come back into enjoying having that sexual activity again.

But it's interesting when you talk about safety because you know what's like the worst thing that can happen to us. One of the worst things that can happen to us as people is be rejected exile.

That's why that was such a horrendous thing to happen in medieval time, medieval times. I mean, they either draw it or quartered you or they made you exile.

They kicked you out. So we have this fear of not being part of community. I think a lot of us have this fear of being rejected. And there's nothing more vulnerable than being having having sex with somebody else.

It's a very intimate time and place. And so it's really about, do you feel okay with who you are? Do you accept yourself? Do you love yourself enough to know that you that's all you really need and therefore it's okay and safe for you to be vulnerable with this other person.

So I really think that safety piece that sometimes people don't think about, it's that it can even be those subconscious negative voices that are telling us that we are not okay.

You know, our bodies aren't okay. We're too fat, we're too skinny. The breasts are too big. They're too small. You know I'm too old. I'm too young. I'm, you know, don't have enough money, too much money, whatever.

You know, it's like these stories that we tell ourselves and when when we dove back into the research around women and and sexuality, there's this whole theory out there about how women women are turned on when they're desired.

And I frankly find that to be a patriarchal overlay personally, because I really and I think there's some truth in that. I think there's some truth. But I think the real truth is women are empowered in their own sexual power.

They feel safe to be expressing their power through their sexuality. When we feel good about who we are in ourselves, in our bones. And so oftentimes the important step is to heal any of the subconscious beliefs and traumas there.

And to really be able to come in and be willing and be enjoy. When you're expressing that part of yourself with someone else, Okay.

Safety, trauma, and pelvic memory

You just had so many great things in that, but I really want to comment on and the first thing that I just want to comment on, just because I think it's important for people that have heard you talk about pelvic floor issue, I want to also bring up that I you these are another physical type of trauma that a lot of people don't connect from a subconscious standpoint around.

Like getting an IUD put in is a not a pleasurable thing for a and some women it's a very it's a totally great way of using birth control. And other women it is traumatic and they're not prepared for it.

You know, I've seen people where they like I imagine you have where it's like it's they get an IUD iodine and it's like the last couple of days and the pain so bad it has to come out.

So these are, you know, I think traumas that go unnoticed or they're not really always thought to be connected to sexual dysfunction. But since you brought up the pelvic floor thing is one to throw that in there.

And then another thing again. Yeah, I would totally agree. It was interesting. I actually had to have an endometrial biopsy a few months ago was the first one I've ever had and having given them, it was interesting to be on the other side.

And it was very it's very painful. It's a painful procedure. And what was fascinating was how much it threw me back into to the trauma and experience of miscarriage, which I've had three of.

And even though I've done a lot of healing work around, that was fascinating to me. And I almost was grateful to have this opportunity to do another level of healing that I wouldn't have been aware of had I not had that trauma.

But it is interesting, like how much is held down there. And I think also sometimes chronic infections, the body can read the be too low grade to even have symptoms, but you can have a low grade vaginal vault infection that can be triggering that vagus nerve to me.

Like I'm not safe. It's not okay. Something's not okay, right? Yeah. Yeah. Exact the floor and normal vagina Flora. Right, I know Flora just being a little bit off.

Right and is not showing up on lab tests and you test and you're like, I know something's wrong, but the lab tests are fine, right? Well, it's probably something like this.

And you know, I think that's high. Kind of what you said together and lead us into the next part of our conversation is, you know what you're saying around.

You had said, you know, talking about relationship tips. And one of the things I wanted to comment on is that while sexuality can sometimes be a barometer of relationships, I think something you said around, hey, we were looking at this as being like something like, okay, relationships, good and healthy were having sex.

But also what you had mentioned around how we're feeling about ourselves, right? So it's like can also be a barometer of our own internal self esteem, our own internal body, any body shame where we're holding and sensed.

You brought up this component of, you know, of this recent situation with yourself and endo and all of that. And we see this tissue, right? We know tissue can hold frequencies and pattern that you had mentioned off in the statement like the body doesn't lie. Right.

So it's like we have all of this dysfunction, say, from a standpoint of not, you know, things not working that we can find physically in lab tests, that all of these sorts of things.

But there's also this component of energetically and we can have this energetic memory, this imprint of the idea of the pelvic trauma of the safety. And this can even take us back sometimes to childhood.

It can be something that maybe was said by a parent or teacher in passing that in our adult life we might be able to pass off as like, okay, that person's having a bad day, no big deal with the child in us in those moments, even though the adults have heard the same thing, might be like, okay, that person's just having a bad day.

The child in us sometimes doesn't know, and sometimes that gets held in all different parts of our body. So can we talk about that? Because I think from a subconscious standpoint, now we're talking about the traumas of emotional or physical around safety or pelvic floor dysfunction.

Where does the subconscious memory come in that of maybe things like I'm talking about from early in our life, but also, even if you're, you know, open to going here also like past generational and those sorts of imprints.

So can you talk about how that plays into all of this? Yeah, I, I the subconscious mind literally who does hold those imprints from everything that you ever heard or felt or or experienced from in utero to presence.

So if mom was stressed out or having anxiety, you may have linked that feeling of anxiety along with something else. And yes, we generational we have generational trauma.

That's a real thing. So your your pelvic dysfunction may not even be about what's happening to you in this lifetime. It may be something that happened to great grandma, and that can be something that can be transferred through and and I also I mean, I know this is becomes one of those things that it depends on what your orientation is.

But personally, I believe that there's a soul journey imprint that we have and that that can also be part of what's in there as well. Though I want to make sure we're because I feel like we're opening a big, you know, one's bag of like personal development to really dove into here.

Right. And and just to say, I if anybody listening to this and like in your remembering a trauma like that's always something to make sure you're working with somebody that's truly qualified that can help you go through processing those trauma so that you don't have that that thing that happens where you almost relive that experience.

So we want to be very careful about that. So if you're if you're having that come up, obviously, just to make this abundantly obvious, get help work with somebody that's very, very trained in how to support you through your healing process.

But besides that, right. So some of these things we're talking about are not, say, these acute traumas that are the, you know, rape or sexual assault or these sorts of things.

And they're more just these other like types of traumas, like you were talking about the the pelvic floor thing, the surgeries, the safety, the small levels of of not hearing things emotionally correct the soldier or anything like you mentioned.

So if somebody is on that path and they have those kind of traumas, what are some things from an actionable standpoint like how do people begin to like look at that and how do they even know that this could be an issue for them?

Yeah, it's a great question. I think that the main thing is to begin to look at what are you noticing in your life? What are you noticing in terms of your sexuality?

As as you mentioned, the body never lies. So what is your body saying to you? Some of the signs that I see in clinic that let me know that maybe there deeper things to look at here are sleep issues because that's a time when we are also vulnerable and letting go.

Are we having a trust issue with letting ourselves go to sleep? There can be a subconscious thing happening here. And then what happens around intimacy for you?

Is it something where you are either not able to feel desire?

Self-esteem, self-love, and desire

I mean, especially if you're a woman we already know scientifically, we're turned on by everything. So if you're not feeling that, then there's some gate inside your brain that's saying, Well, shove that away, we'll push it away.

No, we're not going there. So we don't know. It could be a cultural overlay. I mean, just from our general culture, could be a religious cultural overlay, could be all different kinds of things.

And beginning to look at that and again, like you said, often we take the stuff in when we're little and our brain hasn't even separated the subconscious from the conscious mind.

That doesn't happen till you're five or six. So it's like we're little sponges and we think that that's true. We think everything is real. That's that comes in that way.

So I think those are signs, if you are seem to have shame or guilt around sex, either the desire to have sex masturbating self-pleasure having sex with your partner.

There's sort of a feeling of not feeling okay afterwards, dirtiness or shame. I think those are those are flags and those may be flags of something of that can be a flag of sexual trauma.

And so, as you so well said, you know, I highly recommend that you work with a trauma informed therapist if you feel like you've got any of those things going on or disassociating people that are like la la la la la around anything around their bodies or sex, like they may be like the super great party girl or whatever, but they're not actually here, you know, kind of like that can also be a sign of disassociation, which again, can be a sign of something not feeling safe.

And this is your way of handling it. Yeah, I think that's all really great. And I think, you know, there's some level I feel like that can happen with when people are having sex.

And I see this happen a lot more in estrogen dominant humans than testosterone dominant humans where the mind can wander. Right, because there's this evolutionary thing.

Allison Armstrong is the guru that she talks about this a lot where the mind is just the estrogen on the brain makes the mind like a lot more diffusely aware, right.

Where you're like walk into a room, you're like, got pillows out of place and I have to do that and oh my gosh, I didn't finish the dishes. And I think with estrogen that can sometimes in sex and actually in the intimate moment, the mind can sometimes have more of a tendency to like wonders, to be like, oh, I need to make the grocery list, right?

But what I'm trying to differentiate is like there's an element where it's like, Oh, there's that practice, like with meditation of like, Holy cow, my mind wandered.

I'm back in my body versus like, not with versus like what you're talking about here with disassociation where it's like. Oh. So I like doing this act and going through it and we're not actually, like, in our body at all.

Right. Yeah, totally. Yeah. Yeah, exactly. Okay. Perfect. And then also in thinking about, you know, thinking about desired thinking about self esteem, which I think is a huge relationship for people when we're talking about the mind and I see this like vicious cycle that comes up in research where it's like healthy sex lie.

There's some studies that actually shows that that sexual intimacy will improve self esteem, but then we don't have very good self esteem and we don't have a very good body image like how many of us want to like take off our clothes and show them to, you know, a lover, right?

So and it's like that vicious cycle, then we're not engaged intimately and then that can further actually not support self esteem. And we get in the vicious cycle.

So do you want to talk to bad and like, you know, do you have any thoughts for people on like how much self esteem is wrapped up into this, this mind and subconscious as well as what people can do to start unraveling this cycle?

I do think self-esteem is tied up into sexuality for sure. And but I and I want to be really careful about how I talk about what self esteem is, because I think there's a false self esteem that well, there's a self esteem where we're building ourselves up and that can be important in certain places.

It's sort of the I have a presentation in front of this board and I need to be bigger than I'm feeling right now. I need to fake it till I make it. And you do your power pose and you go in there and you do your thing even though you feel scared inside, right?

That's I mean, that has its place. I really, truly believe that for that that that sexual relationship that we all want, it's a different kind of self esteem.

It's really called self love. Like that's really what it is. That's what I'm talking about. It's not building yourself up. It's truly being okay in your skin with who you are.

And I know that that can be challenging because we have so many things that we're always comparing ourselves to that makes us feel like we're not good enough.

And my invitation to those who are listening is to think of the times. What is it that you do in your life when you don't care how you how you look? Right?

Like, for me, it's dancing. Like, if when I'm dancing, I could care less. I could care less what I look like, how old I am, anything. If I'm out in nature, if I'm anything on the water, on the water, in the water, whatever.

Like water. I'm totally there. I don't care. That's that's the real me as far as I'm concerned. That's the real me. And so it's being able to be in that place and reminding myself of that.

And I think one of the things that we can do is when you find that, when you know, Hey, here, I'm here, this is that thing that Dr. Jenny was talking about.

You can remember what it feels like, and then you can keep practicing that feeling, right? Instead of practicing insecurity. Not good enough anger. Whatever you're practicing in your subconscious meditations, practice that and then bring that to yourself.

When you're feeling intimate, when you're having an intimate time, bring that into the relationship with the other person. Or if you're just with yourself.

Yeah, I love that so much. I think that ties back in even to the conversation around like desire and desire another person. But there's also that like that internal like turn oneself on, right?

It's not just about the ability for somebody else to turn us on. It's like, how do we turn ourselves on? And that's a huge part of where I think sex and intimacy can be a barometer of ourselves, and we can use this just as a landmark, like, like anything else, you know, it's like get a headache when we're dehydrated.

Oh, we have a headache. Come on. We know we need to drink water. Right? So there's landmarks, right? And it can just be a landmark around like, wow, okay.

I'm not able to turn on myself as much as I want to or perhaps I did in the past. That's a landmark for what you're talking about.

Closing thoughts and giveaway

I think like, oh, here's an opportunity for me to find that feeling and get for more self-love. And we can use that as that really cool barometer on our internal state and our internal wellbeing.

Yeah, yeah, yeah. I think that's great. And the other thing I would say about self esteem is that it does carry over from one thing to another. So if you're feeling insecure and low self esteem around your body, around your sexuality right now, which I and there's another part of your life that you feel really successful.

You know, you're very successful at work. You've been a great parent. Whatever it is that you feel, you're amazing at interior design, whatever it is that you're doing, you can you can practice and find that self-love and appreciation there and bring that in as well.

Yeah. And that's the feeling you're talking about, right? So how does it feel to have that self esteem in this area? You know how it feels. So now we really try to remember that feeling and then bring that into those other things.

So I love that's so useful for people. And just to understand, to close a loop on a subconscious mind as you start creating new pathways neurologically in your brain for different feelings, for different experiences, and tying those together, you're creating new neural networks for that experience, and you are literally beginning to shift that subconscious mind and so that your brain that's always looking for safety and danger, that limbic brain has a new

filter, a new interpretation of the information that's coming in.

And this is how we grow and we learn and we expand and we get to heal. We had so beautiful, so beautiful. While we are running out of time here. So I want to ask you if there's anything that we didn't cover that you want to make sure we wrap up for people and make sure we get in this interview.

I just really want to say that I really believe that our power is in our we have a lot of power in our pelvic and our pelvic area and take in on this project of getting more connected with your sexuality, finding a higher level of sexual health for you.

Is you taking your power back and bringing it in. And all I can say is that I know this is going to have an incredible impact on everything else in your whole life and all of those levels that we talked about, that physical body, that emotional body and that energetic body.

And it is just a wonderful journey to be embarking on. And I am just here with you cheering you on. Amazing, amazing. Well, thank you so much. And I want to make sure we talk about our really juicy topic that we talked about before, that you're giving away this amazing, amazing thing for people that's going to help them with the mind and their subconscious and help them with an understanding that the mind is really involved in some of their sexual desire and perhaps that they need to work on the mind a little bit more in order to improve their your sexual desire.

So we're going to have information about what this is and more details and all of that stuff and your bio for everybody. So make sure to check that out.

But what did you want to tell people about that giveaway that you're offering? The giveaway that I'm offering is there's a guide so that you can understand where it is that you can work to really boost your sexual health to the next level, tapping into the power of your subconscious mind.

Perfect, perfect. And then look out also for additional bonuses that we're giving out from Dr. Jenny. She's been so generous for the summer, so you're going to see additional bonuses from her and so excited about this will be posting that around the summit.

And like I said, you can find more edition additional information in her speaker bios. Make sure you check that out. Thank you again for your time. It's been so lovely.

I love spending time with you and really appreciate you jumping on this interview today. Thank you so much for having me. It's been an absolute joy. All right.

Bye for now. Everybody will see you in the next one.